

Gift to Agency Report

A Public Document



1. Agency Name

Managed Risk Medical Insurance Board
Division, Department, or Region (if applicable)

Street Address

1000 G Street, Room 450

Area Code/Phone Number

916-327-8011

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

Date Stamp

2008 DEC 31

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

The California Endowment

Name

1331 Garden Highway, Suite 220 Sacramento CA 95833
Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Savannah, GA

10/17/08	\$ 591.00	\$ 518.28	\$ 76.00	\$ 96.68	\$ 1281.96
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Sanchez	Ernesto A.	Deputy Director	Eligibility & Enrollment
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Janette Lopez	Chief Deputy Director	12/03/08
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)